

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Indian Health Service  
Rockville, Maryland 20857

Refer to: OHP/MHPB

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INDIAN HEALTH SERVICE CIRCULAR NO. 91-2

AIDS MENTAL HEALTH POLICY GUIDELINES

Sec.

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1. PURPOSE. This circular establishes policy guidelines for mental health programs in providing prompt and appropriate treatment of Native Americans who are afflicted with Acquired Immune Deficiency Syndrome' (AIDS) and who have tested positive for the Human Immune Deficiency Virus (HIV).
2. DEFINITION. AIDS is a disease caused by the HIV and is characterized by breakdown of the immune system, which protects people against diseases. Native Americans, like all other people, are vulnerable to HIV infection. There are several stages of HIV infection, ranging from "asymptomatic HIV infection," to "acute HIV infection," to "ARC," (AIDS-Related Complex), to "AIDS". The reference to "AIDS" in this document is meant to include all of these stages, unless otherwise stated.
3. RESPONSIBILITIES. Indian Health Service (IHS), tribal, and contract mental health programs should assist in management, training, and policy development related to the psychosocial aspects of diagnosis, treatment and prevention of AIDS.
4. RATIONALE. AIDS related issues lead to psychological crisis as well as medical crisis. These guidelines are designed to support and supplement, but not to replace, applicable Federal/State laws, regulations and policies. The IHS mental health programs play an important role in assisting Native Americans who face the challenge of AIDS.

5. POLICY STATEMENT: Mental health providers will serve clients with AIDS-related conditions including dementia. Families and significant others also will be provided appropriate services. Services provided may include
  - A. counseling and case management for individuals, family, and/or significant others:
  - B. tribal and community consultation, education, and prevention activities; and
  - C. collaboration with Area AIDS coordinators and other health care providers concerning training needs.
6. PROCEDURE. Area Mental Health Consultants, in cooperation with the Area AIDS Coordinator, should assist in the development of local guidelines on AIDS for all mental health programs. The guidelines should be sensitive to local conditions, e.g., tribal policies, political constraints, geographic and demographic factors, State laws, service demands resource considerations and training needs. Guidelines should:
  - A. define the role of the mental health staff in providing counseling and other treatment services:
  - B. define the role of the mental health provider in patient care monitoring and prevention activities including:
    - (1) how reporting and record keeping will be completed to comply with applicable Area policy and State laws,
    - (2) how client confidentiality will be maintained,

- (3) what actions will be taken to ensure that all staff are aware of universal precautions for preventing HIV transmission in clinical settings, and
  - (4) training of IHS mental health personnel where HIV testing is provided.
- c. refer to Federal policies, applicable tribal codes or State laws, and relevant IHS and other documents and indicate how local policies conform to them;
- D. define what role the mental health program will play in surveillance or research activities on AIDS in the Area;
- E. explain the role the mental health program will have in providing AIDS training and education to:
  - 41) mental health staff (in-service),
  - (2) local medical personnel (IHS, tribal and contract), and
  - (3) local communities, especially populations at high risk:
- F. define the role of the mental health program in relation to AIDS and employment matters, including:
  - (1) health and safety issues, and
  - (2) employees and co-workers\* relationships to HIV positive employees.
- G. develop an AIDS program resource directory which describes resources available locally and State-wide to serve HIV-positive and AIDS patients, their families and significant others.

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7. COORDINATION. Questions regarding this policy statement should be referred to the Mental Health Programs Branch, IHS Headquarters West, Albuquerque, New Mexico, (505) 766-2873, FTS 474-2873.

Additional sources of information referred to in this policy statement are listed in Exhibit 1, subject: References.

The IHS Area Office AIDS Coordinators are listed in Exhibit 2.

Exhibit 3 is the latest "Quarterly HIV Patient Log."

  
Everett R. Rhoades, M.D.  
Assistant Surgeon General  
Director, Indian Health Service

REFERENCES

Local guidelines should be consistent with the following related policies and guidelines;

1. Indian Health Service (IHS) Privacy Act Procedures Manual, dated September 1986.
2. Why We Ask Questions and Privacy Act Notification Statement, dated April 1987.
3. Indian Health Manual, Part 3, Chapter 3, Health Records, dated July 1972, or as amended.
- 4i Indian Health Manual, Part 3, Chapter 6, Laboratory Services, dated May 1988, or as amended.
5. Memorandum from the Director, IHS, to IHS Area Directors., Subject: Reporting Requirements for AIDS and HIV-Related Illnesses and Activities, dated October 28, 1987.
6. INS Special General Memorandum (SGM) #87-6, Indian Health Service AIDS Policy, dated July 17, 1987, p.2, Contact Tracing, to include memorandum from the Director, IHS, to Area Coordinators, Indian Health Service AIDS Policy, Partner Notification, dated October 11 ,1988.
7. Memorandum from the Director, IHS, to Area Coordinators, Subject: Indian Health Service AIDS Policy, Partner Notification, dated October 11, 1988, (Amends the IHS AIDS Policy dated July 14, 1986, section \*'Contact Tracing").
8. Memorandum from the Director, IHS, to all Area and Associate Directors, IHS: AIDS in Native Americans, (SGM-87-5; dated April 4,. 1987).
9. IHS/CDC Memorandum of Agreement on AIDS, (dated April 29, 1988).
10. Revised HIV Case Report Form entitled, "Quarterly HIV Patient Log" (CSC: AID Form 1:9:88).

If you need copies of these documents, please contact your Area AIDS Coordinator (see Exhibit 2).

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IHS AREA AIDS COORDINATORS

ABERDEEN

Aberdeen Area AIDS Coordinator  
PHS Indian Hospital  
3200 Canyon Lake Drive  
Rapid City, SD 57701  
(605) 348-1900 or FTS 782-9320

ALASKA

Alaska Area AIDS Coordinator  
250 Gambell Street  
Anchorage, AK 99510-7741  
(907) 257-1393

ALBUQUERQUE

Albuquerque Area AIDS  
Coordinator  
505 Marquette, NW, Suite 1502  
Albuquerque, NM 87102-2162  
(505) 766-1053 or FTS 474-1053

BEMfDJI

Bemidji Area AIDS Coordfnator  
203 Federal Building  
Bemidji, MN 56601  
(218) 751-7701 or FTS 784-1701

BILLINGS

Billings Area AIDS Coordinator  
P.O. Box' 2143  
Billings, MT 59103  
(406) 657-6176 or FTS 585-6176

CALIFORNIA

California Area AIDS  
Coordinator  
2999 Fulton Avenue  
Sacramento, CA 95821  
(916) 978-4191 or  
**FTS 460-4191**

HEADQUARTERS WEST

IHS National AIDS Coordinator  
Suite 500  
300 San Mateo, N.E.  
Albuquerque, NM 87108  
(505) 262-6215 or FTS 474-6215

NASHVILLE

Nashville Area AIDS  
Coordinator  
PHS Indian Hospital  
Cherokee, NC 28719  
(704) 497-9163

NAVAJO

Navajo Area AIDS Coordinator  
P.O. Box G  
Window Rock, AZ 86515-0190  
(602) 871-4811 or FTS 572-828

OKLAHOMA

Oklahoma City Area AIDS  
Coordinator  
215 Dean A. McGee St.  
Oklahoma City, OK 73102-3477  
(405) 231-4796 or FTS 736-4796

PHOENIX

Phoenix Area AIDS Coordinator  
3738 North 16th St., Suite A  
Phoenix, AZ 85016  
(602) 241-2106 or FTS 261-2106

PORTLAND

Portland Area AIDS Coordinator  
1220 SW 3rd Avenue, Rm 476  
Portland, OR 97204-2892  
(503) 221-2025 or FTS 423-2025

TUCSON

AIDS Coordinator  
Office of Health Program  
Research and Development, IHS  
7900 South J. Stock Road  
Tucson, AZ 85746  
(602) 629-6.701 or FTS 762-6701

HEADQUARTERS EAST

Headquarters AIDS Liaison  
Director, Special Initiatives  
Branch, OHP, IHS  
Parklawn Bldg., Rm 6A-54  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-4681

**QUARTERLY HIV PATIENT LOG**

**SURVEILLANCE REPORT FOR THE \_\_\_\_\_ SERVICE UNIT.**

AREA CODE: \_\_\_\_\_

SERVICE UNIT CODE: \_\_\_\_\_ QUARTER, FY 19 \_\_\_\_\_

PATIENT ID NUMBER	DOB	SEX	THIS QUARTER CHANGES	RESIDENCE	RISK FACTOR	DATE TESTED HIV STATUS &	SYMPTOMATIC	DATE OF ONSET	DIAGNOSIS BY AIDS	DIAGNOSIS	OPPORTUNISTIC INFECTION	DATE TESTED PPD STATUS	TB DIAGNOSIS	HIV COUNSELLING	HIV TREATMENT	TREAT STARTED DATE	PROVIDED BY CARE	SERVICE UNIT RESPONSIBLE	DECEASED	MORBIDITY	COMMENTS

CONTACT PERSON: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

### EXHIBIT 3

#### INSTRUCTIONS

Submit a photocopy of the Quarterly HIV Infected Patient Log to the Clinical Support Center by the 10th day following each quarter. Only the column title "Change This Quarter" is to be completed after the original log sheet is photocopied for CSC. The reverse of the Patient Log should be used for remarks that cannot fit under the "Comments" section of the form. Record all information in ink. Log sheets must be maintained and stored with the same regard to confidentiality as other AIDS patient documents.

Area Code and Service Unit Code: Use the two digit codes specific for your Area and Service Unit.  
Quarter, FY 19 : Enter the appropriate quarter and fiscal year for which the report is being made.

DOB/SEX: The month, day and year of birth in the top half; M or F in the bottom.

CHANGE THIS QUARTER: Y or N. This is to be entered only on the photocopy sent to CSC to show that changes were made for that patient during the reporting quarter.

RESIDENCE: Use the two digit code provided to indicate the current residence of the patient.

RISK FACTOR: Put "HO/BI" if homosexual or bisexual, "IV" if IV drug user, "BOTH" if HO/BI and IV, "HEM" if patient is a hemophiliac or has a coagulation disorder, "HET" if patient is a heterosexual contact to an AIDS patient or someone at risk for AIDS and has no other risk factors, "TRANS" if patient is a transfusion recipient, "UNK" if risk status is unknown.

HIV STATUS & DATE TESTED: Mark "POS" if repeated positive ELISA and Western blot, "NEG" for all others, "REF" if patient refused testing, "NO" if no test was performed.

SYMPTOMATIC, NOT AIDS/DATE OF ONSET: Put "Y" if patient has symptoms indicative of HIV infection, e.g., chronic diarrhea, oral thrush, hairy leukoplakia, but does not meet criteria for clinical AIDS. Month, day and year of symptom onset indicated in lower box.

AIDS DIAGNOSED BY/DATE OF DIAGNOSIS: If patient meets the CDC case definition of AIDS, indicate in the upper box "IHS" if the diagnosis was made at an IHS facility, "PUB" if made at another public institution, "PRI" by a private provider, "VA" if appropriate. Specific information can be placed under "Comments." Month, day and year that diagnosis was made goes in the lower box.

OPPORTUNISTIC INFECTIONS: "PCP" if *Pneumocystis carinii* pneumonia, "KS" for Kaposi's sarcoma, "PCP/KS" if both, "OTHER" for other opportunistic infections to be specified under "Comments."

PPD STATUS/DATE TESTED: Results in mm: "0" if negative, "ND" if not done. Month, day and year that the test was performed goes in the lower box.

TB DIAGNOSIS: Only for patients with TB infection or disease. "INF" if infected but no disease, "PUL" if pulmonary TB, "XPUL" if extrapulmonary TB.

HIV COUNSELING: "YES" if patient had pre- and post-test counseling by an appropriately trained counselor, "NO" if no counseling took place or only pre- or post-test counseling was given, or if the counselor had not received specific HIV counseling training. An explanation for "NO" is required.

HIV SPECIFIC TREATMENT: Put "AZT" if that is the medication used. Put "OTHER" for other HIV specific drugs and specify under "Comments."

DATE TREATMENT STARTED: Month, day and year that patient was started on HIV specific therapy.

CARE PROVIDED BY: "IHS" if direct care is by IHS or tribal facility, "CONT" if care is provided by a contracting facility.

RESPONSIBLE SERVICE UNIT: Code for the Service Unit which has responsibility for either direct or contract care of this patient.

DECEASED: Month, day and year that this patient died.

MORBIDITY STATE: State to which case report was submitted. All AIDS cases are reportable to state health departments, some states require HIV infections to be reported as well.